



U.S. DEPARTMENT OF COMMERCE, NOAA
NMFS PERMITS TEAM, F/SER22
9721 EXECUTIVE CENTER DRIVE N.
ST. PETERSBURG, FL 33702
727/570-5326 (8am - 4:30pm EST)

OMB No. 0648-0205
Approval Expires: 09/30/2000

FEDERAL PERMIT APPLICATION FOR ANNUAL DEALER PERMIT

\$100.00 FOR THE FIRST FISHERY SELECTED; \$25.00 FOR EACH ADDITIONAL FISHERY SELECTED

	FOR OFFICE USE ONLY	
	CHECK/MONEY ORDER INFO:	
	EXP. DATE:	REVIEWER'S INITIALS:
	VIOLATION #/DATE:	CLEARED DATE/INITIALS:

PLEASE READ INSTRUCTIONS ON REVERSE

SECTION 1 DEALER/BUSINESS INFORMATION (please print legibly or type)

BUSINESS NAME	FEDERAL ID NO.	DATE BUSINESS FORMED	MONTH	DAY	YEAR
MAILING ADDRESS		AREA CODE/PHONE NO.			
CITY	STATE	ZIP CODE			

SECTION 2 LIST THE FACILITIES WHERE FISH ARE RECEIVED (if different from Section 1)

BUSINESS NAME	AREA CODE/PHONE NO.
MAILING ADDRESS	
CITY	STATE ZIP CODE

BUSINESS NAME	AREA CODE/PHONE NO.
MAILING ADDRESS	
CITY	STATE ZIP CODE

SECTION 3 APPLICANT INFORMATION

NAME	POSITION
MAILING ADDRESS	
CITY	STATE ZIP CODE
	DATE OF BIRTH: MONTH DAY YEAR AREA CODE/PHONE NO.

SECTION 4 SELECT TYPE OF DEALER FISHERY(IES)

☐ GOLDEN CRAB (South Atlantic) (GC)

☐ REEF FISH (Gulf of Mexico) (RD)

☐ ROCK SHRIMP (South Atlantic) (RS)

☐ SNAPPER-GROUPER EXCLUDING WRECKFISH (South Atlantic) (SG)

☐ SHARK (SH)

☐ SWORDFISH (SD)

☐ WRECKFISH IN SOUTH ATLANTIC ONLY (WD)

IF YOU ARE APPLYING FOR SWORDFISH and/or SHARK, and the dealer/business is a corporation or partnership, provide names, mailing addresses and dates of birth of the two principal shareholders or partners on the lines provided below.

1.

2.

SECTION 5 PROVIDE INFORMATION CONCERNING OTHER LICENSE(S)

If you have a Northeast Region dealer permit, provide the number:

List all dealer license number(s) along with the state: 1. 2. 3. 4.

SECTION 6 APPLICANT SIGNATURE

SIGNATURE:	DATE:
NAME: (print legibly or type)	